

Name
In
Full

Barbara E. Bassler

CERTIFICATE OF DEATH

Died at ^{Town} Oakland Mills^{County} Howard

MARYLAND

Date of death 1908

Month 12

Day 12

Age

Years 74

Months 6

Days 7

Sex

female

Color or
Race

white

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Calonsville, Md.

Married, Single
or Widowed

widow

Name of Wife or
Husband

Christian Bassler

Father's
Name

John Pehr Roder

Father's
Birthplace

Germany

Mother's
Maiden Name

unknown

Mother's
Birthplace

Germany?

Name of person giving
information

John Bassler

How related
to deceased

son

CAUSES OF DEATH

114

Primary

Congestion of Liver

How long

7 weeks

Immediate

Cancer, Peritonitis, Scurvy

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Whitburn M.D.

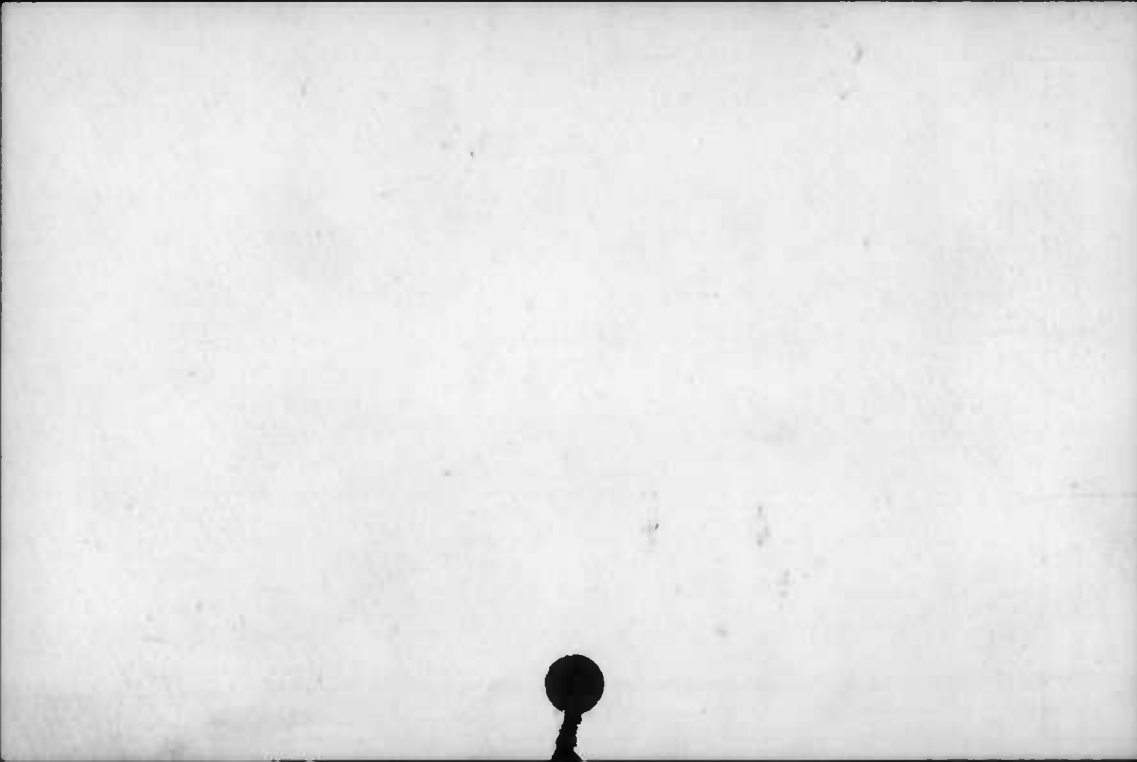
Address

Savage

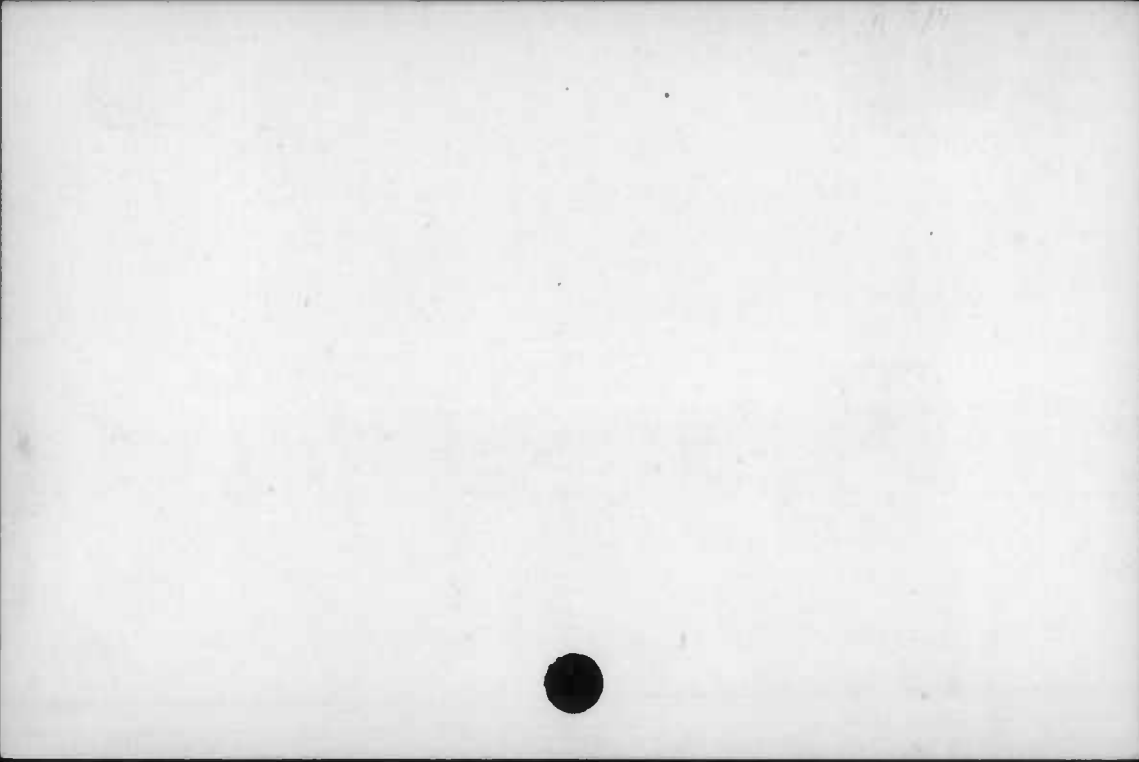
Accident or Suicide?

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Frank Clark				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Savage		Howard			
		Date of death	1908	Month	12	Day	12	Age	53
		Sex	male	Color or Race	white	Birth-place	md	Months	
		Occupation	Laborer		Where Residing if not at place of death		Savage		
		Married, Single or Widowed	married	Name of Wife or Husband	Minnie		Savage		
		Father's Name	Thomas Clark		Father's Birthplace		md		
Mother's Maiden Name	Miss Thomas		Mother's Birthplace		md				
Name of person giving information	Arthur Sullivan		How related to deceased		Son-in-law.				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold;">104</div>									
PHYSICIAN OR CORONER		Primary		Chronic Gastritis		How long		2 year	
		Immediate		Exhaustion		How long		progressive	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Whitman md	
				Address		Savage			
		Accident or Suicide?		no				md	



Name
in
Full

Columbus

Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Florence*County *Honart*Date of death 1909 ^{Month} *June* ^{Day} *26*Age ^{Years} *76*^{Months} *—* ^{Days} *—*Sex *male*Color or Race *white*Birth-place *Montgomery, Md*Occupation *Teacher*Where Residing if not at place of death *at home*Married, Single or Widowed *single*Name of Wife or Husband *—*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

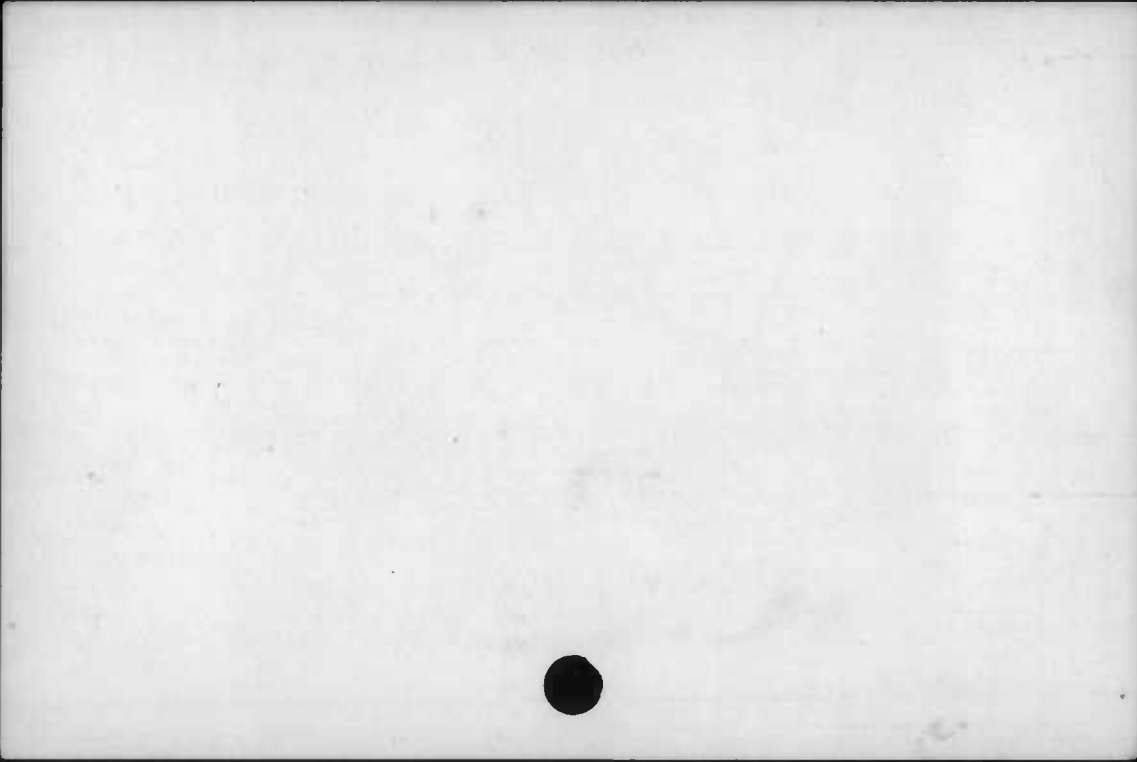
CAUSES OF DEATH

64

How long

PHYSICIAN
OR CORONERPrimary *—*Immediate *apoplexy*How long *8 hours*Are the name, age, sex, color, date and place correctly given above? *as far as known - yes.*Signature of Physician *R. D. W. [unclear]*Address *Libson, Md*

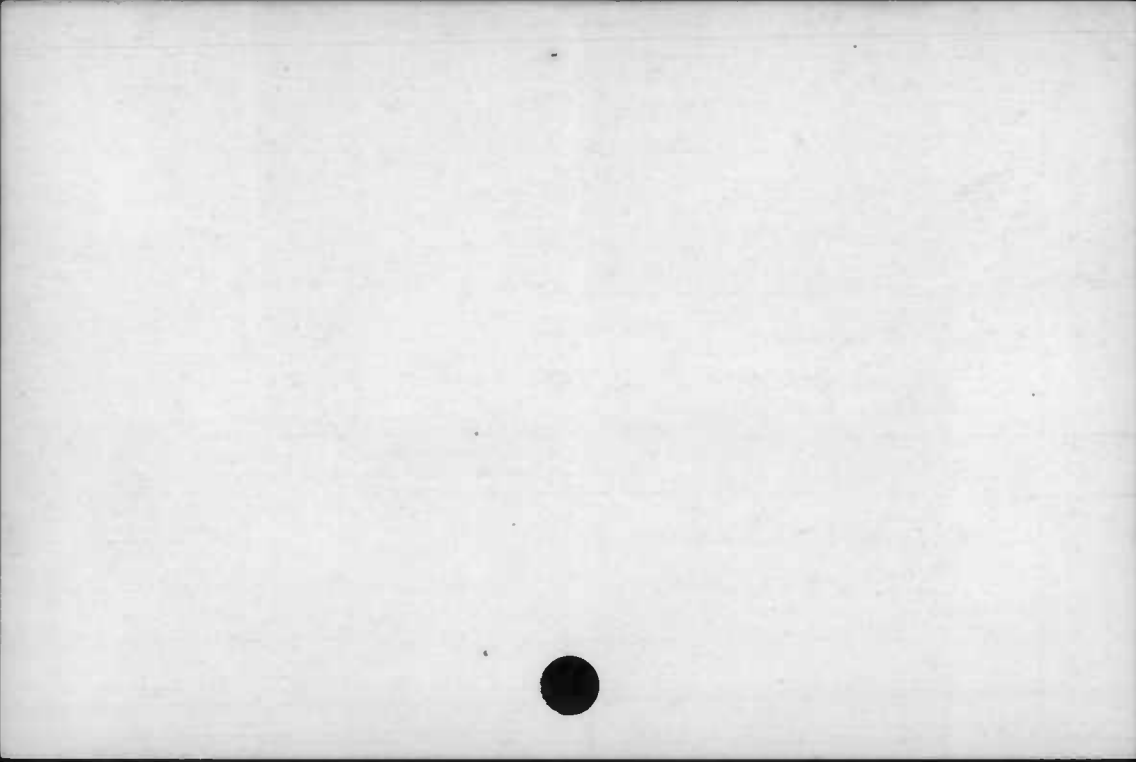
Accident or Suicide?



Name in Full		Robert N Dewey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pleiffers Corner		Howard		MARYLAND	
	Date of death	1908	Dec	6	Age	64	Months <input type="checkbox"/> Days <input type="checkbox"/>
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Harriet P. Dewey						
	Father's Name	William Dewey				Father's Birthplace	England
Mother's Maiden Name	Mary Silverwood				Mother's Birthplace	England	
Name of person giving information	John H. Curtis				How related to deceased	Brother-in-law	
<div>CAUSES OF DEATH</div> <div>79</div>							
PHYSICIAN OR CORONER	Primary	Organic Heart Lesions				How long	Several yrs
	Immediate	Broken Compensation & stress				How long	
	Are the name, age, sex, color, date and place correctly given above?				Yes.		
	Signature of Physician				W. C. Stone		
				Address			Ellicott City
				md.			
Accident or Suicide?							



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Sykesville		Howard		MARYLAND				
		Date of death		1908	12	29	Age	40	Months	6	Days	-
		Sex		Male		Color or Race		Colored		Birth-place		Wt
		Occupation		Laborer		Where Residing if not at place of death		Same				
		Married, Single or Widowed		Married		Name of Wife or Husband		Mary Jenkins				
		Father's Name		James Francis				Father's Birthplace		Wt		
		Mother's Maiden Name		Josephine Robinson				Mother's Birthplace		Wt		
		Name of person giving information		Jas. R. Lewis				How related to deceased		none		
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Nephritis				How long		12 mo.		
		Immediate		Pulmonary Edema				How long		12 hours		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		M. Frank Lewis, M.D.				
						Address		Sykesville, Md.				
		Accident or Suicide?		-								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

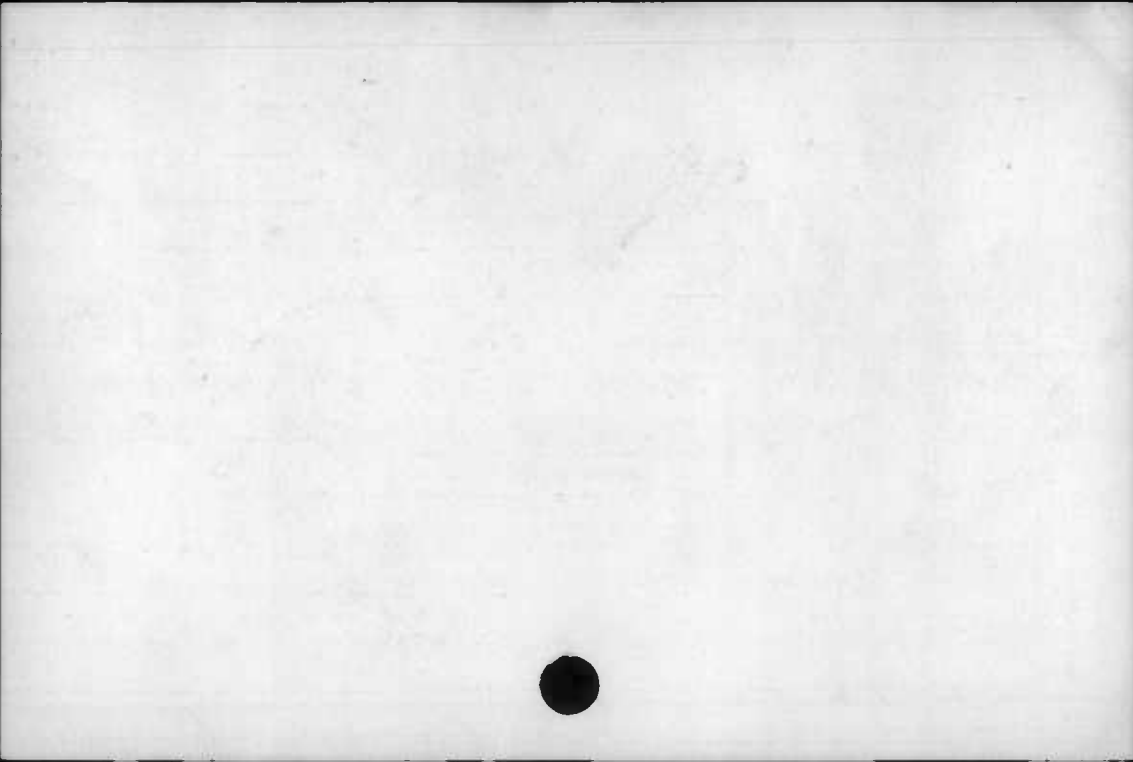
Died at <i>Albion</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> ^{Month}	<i>24</i> ^{Day}	<i>68</i> ^{Years}	<i>1</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Med Employee</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Marion E Fayfoyle</i>				
Father's Name <i>John Fayfoyle</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Mary Corkin</i>	Mother's Birthplace <i>Ta.</i>				
Name of person giving information <i>Geo Fayfoyle son</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

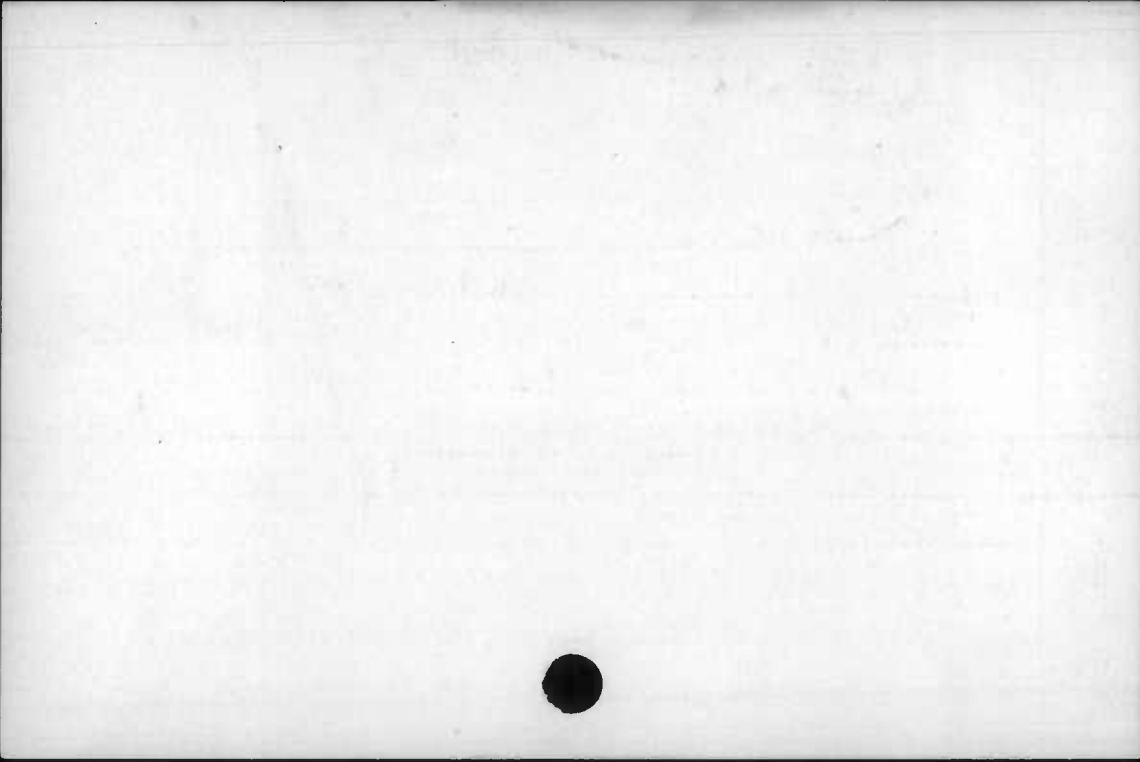
10

PHYSICIAN
OR CORONER

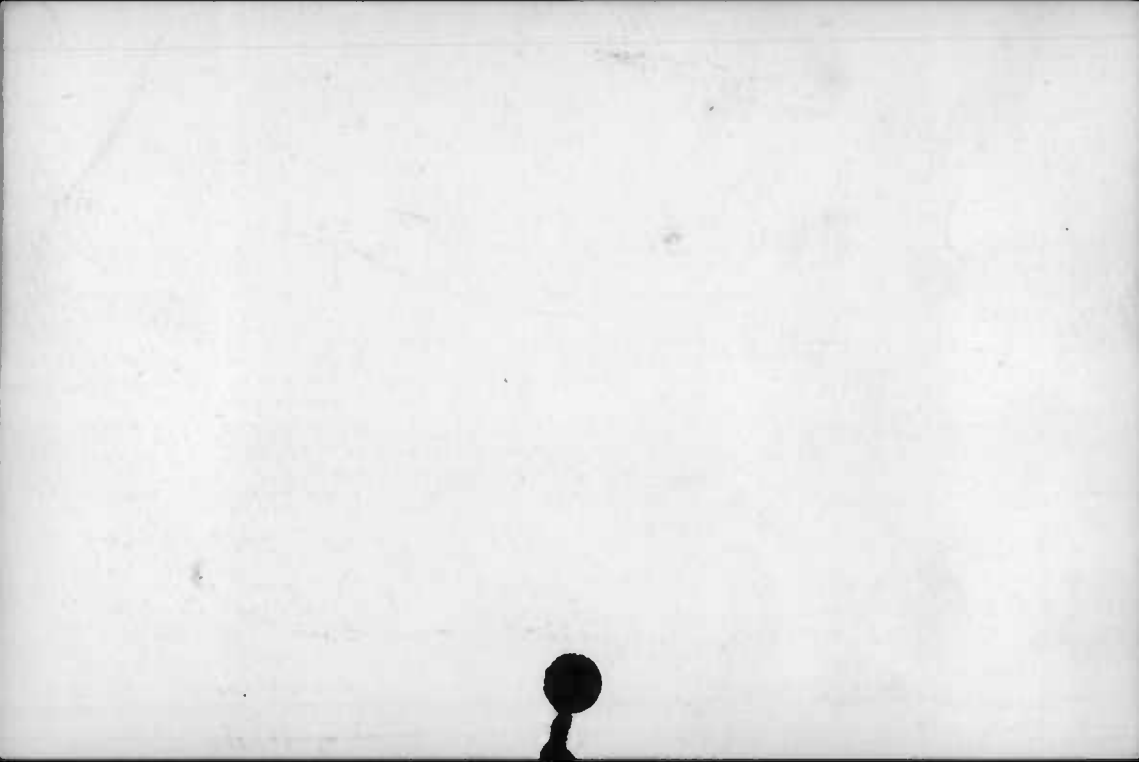
Primary <i>La Grippe Chronic Interstitial Nephritis</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac and General Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank L. Miller MD</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>No.</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>	
		Date of death <i>1908</i> <small>Month</small> <i>Dec</i> <small>Day</small> <i>22</i>		<i>22</i> <small>Years</small> <small>Months</small> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>	
		Occupation <i>house girl</i>		Birth-place <i>Maryland</i>	
		Where Residing if not at place of death <i>Ellicott City</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>	
Father's Name <i>John Fuller</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ellen Fuller</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Ellen Fuller</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Tuberculosis of Lung (Reported by Dr. Stone)</i>		How long <i>4 or 5 mos</i>	
		Immediate <i>Cardiac Asthma & Pulmonary Edema</i>		How long <i>24 hrs</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>No</i>		Signature of Physician <i>Frank O Miller M D</i>	
				Address <i>Ellicott City Md</i>	
		Accident or Suicide? <i>No</i>			



Name in Full		Charles W. Haslup Jr				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Savage	County Howard	MARYLAND			
		Date of death	1908	Month 12	Day 11	Age 26	Months 2	Days 3	
		Sex	male		Color or Race	white		Birth-place	Md
		Occupation	clerk		Where Residing if not at place of death		Savage		
		Married, Single or Widowed	married		Name of Wife or Husband	Bessie Lenox Haslup			
PHYSICIAN OR CORONER		Father's Name	Charles W. Haslup			Father's Birthplace	Washington D.C.		
		Mother's Maiden Name	Elizabeth Fisher			Mother's Birthplace	Md		
		Name of person giving information	Charles W. Haslup			How related to deceased	father		
		CAUSES OF DEATH						1	
PHYSICIAN OR CORONER		Primary	Typhoid Fever			How long	41 days		
		Immediate	Heart Failure			How long	progressive		
		Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	William M.D		
					Address	Savage Md			
		Accident or Suicide?	no						



Name
in
Full

Bernice J Hobbs.

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Blinnwood</i>		^{County} <i>Howard Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>24</i>	Age <i>44</i>	Months <i>--</i>	Days <i>--</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard County</i>		
Occupation		Where Residing if not at place of death		<i>Rutherford N. J.</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James H. Hobbs.</i>		Father's Birthplace <i>Howard Co.</i>			
Mother's Maiden Name <i>Sophie Hobbs.</i>		Mother's Birthplace <i>Howard Co.</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intercostal Neuralgia</i>	How long	<i>one week.</i>
Immediate	<i>Open Sclerosis of heart.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Walter Sims</i>	
		Address <i>Blinnwood, Md</i>	
Accident or Suicida			



Name
in
Full

Clement Stuart Holland.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cooksville

Howard

Date

of death 1908

Month

Dec.

Day

16.

Age

Years

0

Months

0

Days

0

Sex

Male

Color or
Race

Negro.

Birth-
place

Above

Occupation

none.

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Scott Myers

Father's
Birthplace

Md.

Mother's
Maiden Name

Susie Elizabeth Holland.

Mother's
Birthplace

Md

Name of person giving
In formation

Emma Holland

How related
to deceased

Grand-mother

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Still born

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

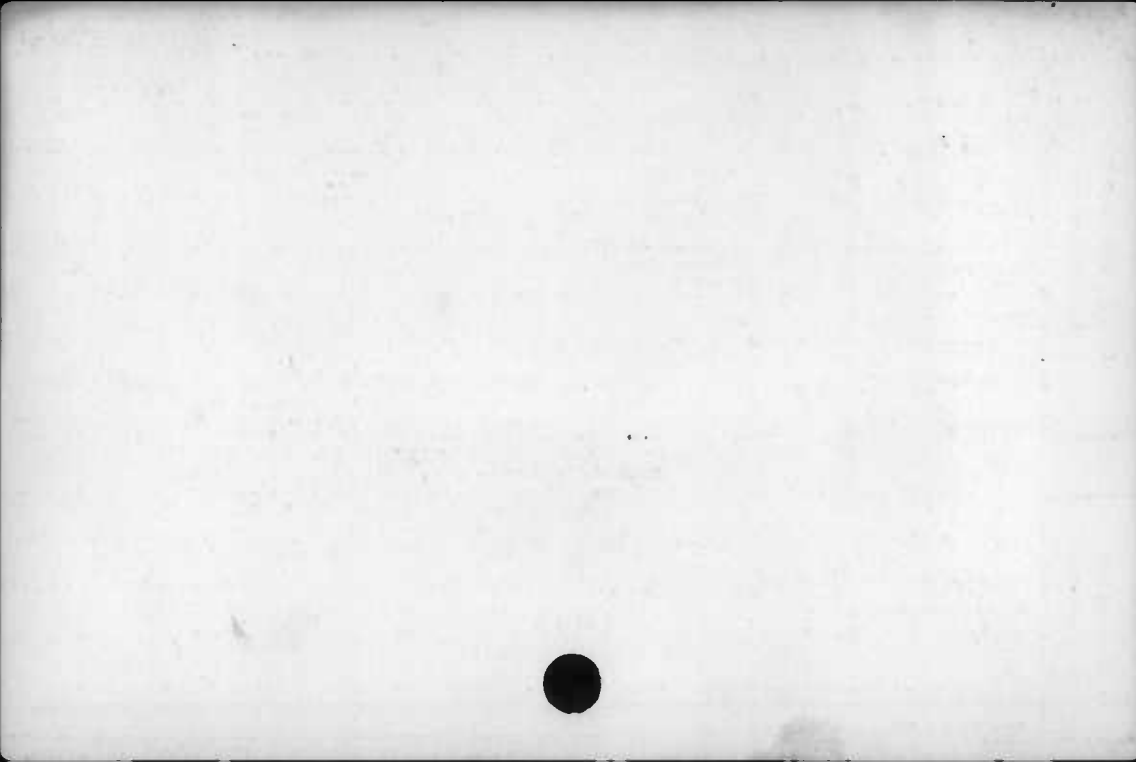
Address

J. W. Lacy,
Linton

Accident or Suicide?.

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Howard* Town *Guilford* County *Howard* MARYLAND

Died at *Guilford Howard*

Date of death 1905 *Dec 8* Month *Dec* Day *8* Age *Unknown* Years Months Days

Sex *Male* Color or Race *Colored* Birthplace *W.D.*

Occupation *Labourer* Where Residing if not at place of death *Guilford*

Married, Single or Widowed *Married* Name of Wife or Husband *Mamie Howard*

Father's Name *James Howard* Father's Birthplace *Pa*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *James Howard* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Acute Heart trouble* How long *3 yrs*

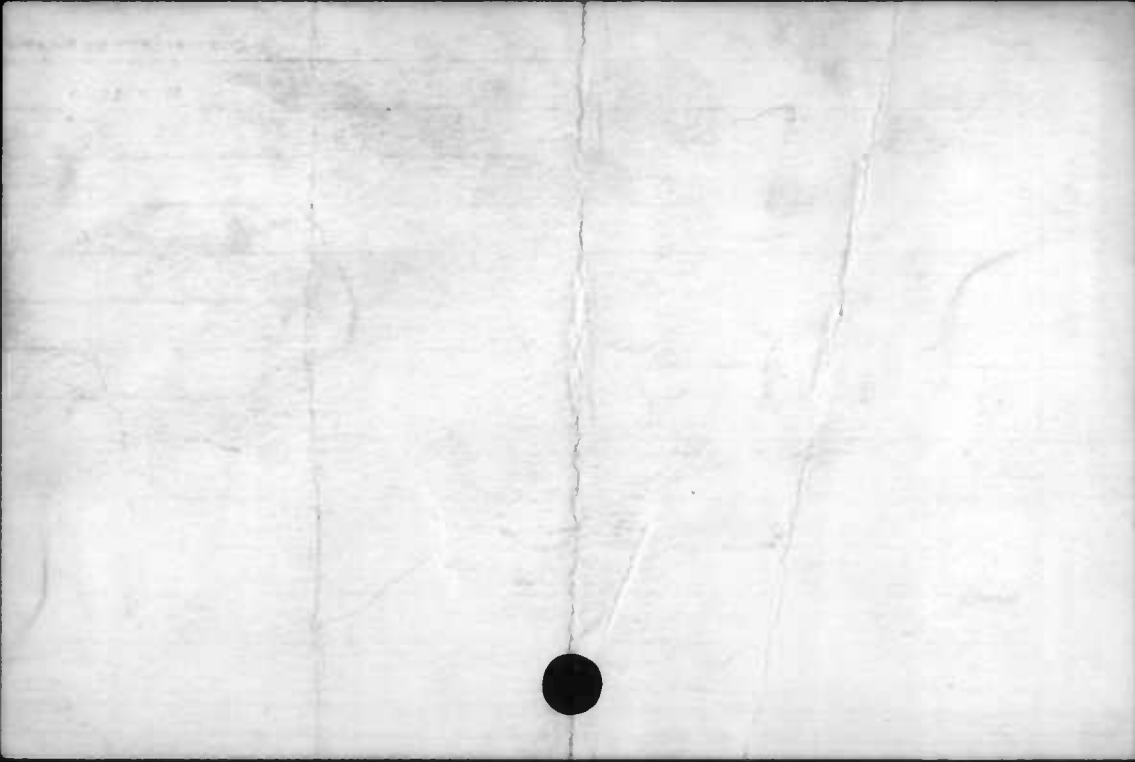
Immediate *Exhaustion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Stone*

Address *Ellicott City, Md. Y*

Accident or Suicide



Name
in
Full

Christena M Jager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *scaggsville* Town *Howard* County
 Date of death *1908* Month *Dec* Day *15* Age *—* Years Months *—* Days *14*
 Sex *Female* Color or Race *White* Birth-place *md*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Pector Jager

Father's Birthplace

md

Mother's Maiden Name

Mary Thompson

Mother's Birthplace

md

Name of person giving information

Pector Jager

How related to deceased

Father

CAUSES OF DEATH

71

Primary

Coronary crisis

How long

6 hours

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

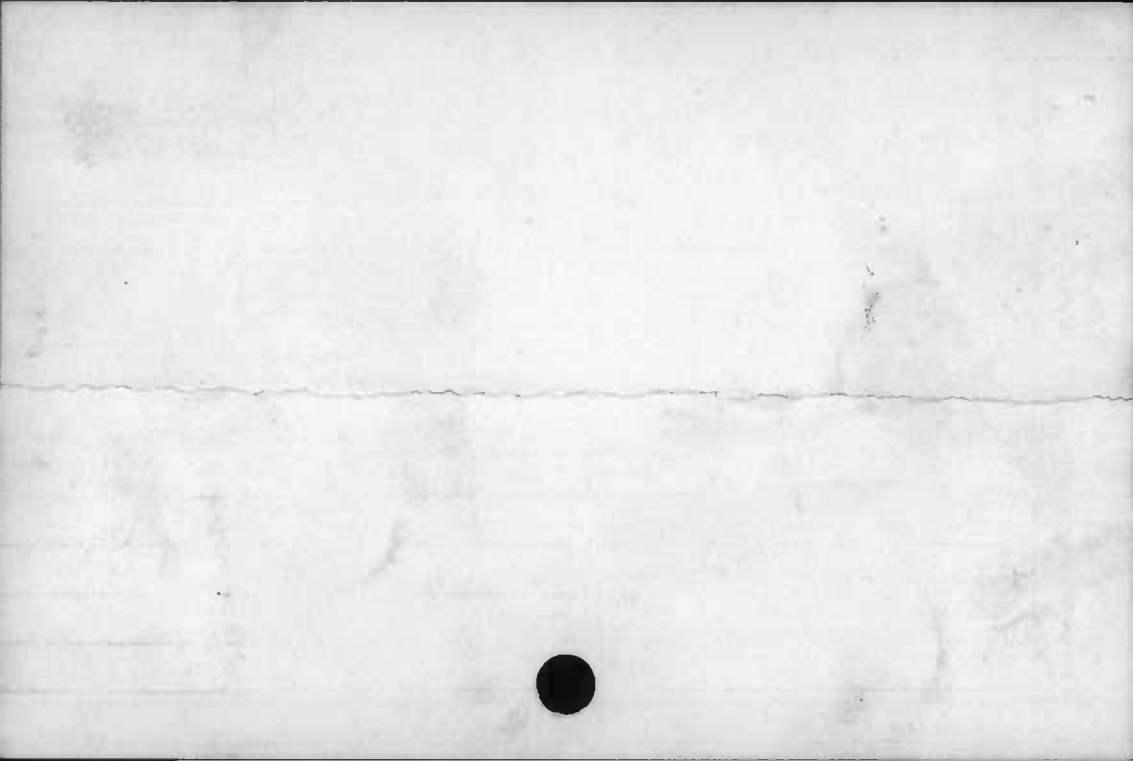
Signature of Physician

Address

J. P. Pender
Laurel, Mo

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
in
Full

Thomas P. Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

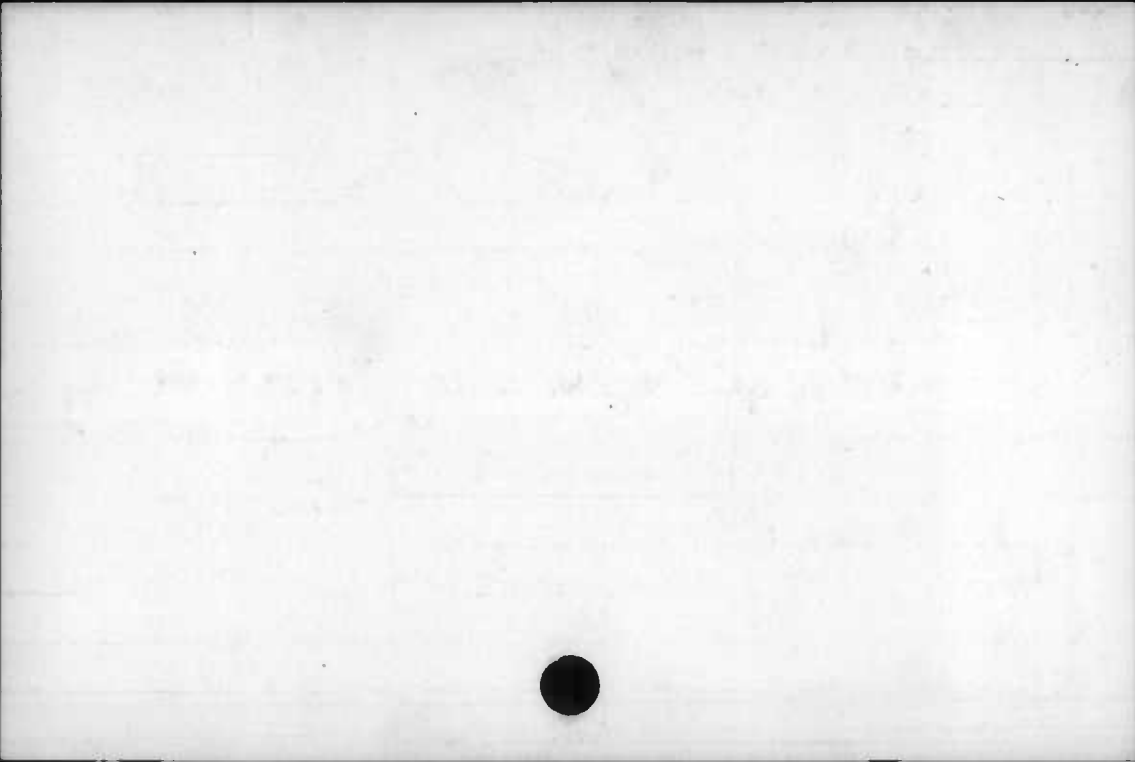
Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>8</i>	Age <i>32</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Plumber</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Edward Malone</i>			Fether's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine Fitzpatrick</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

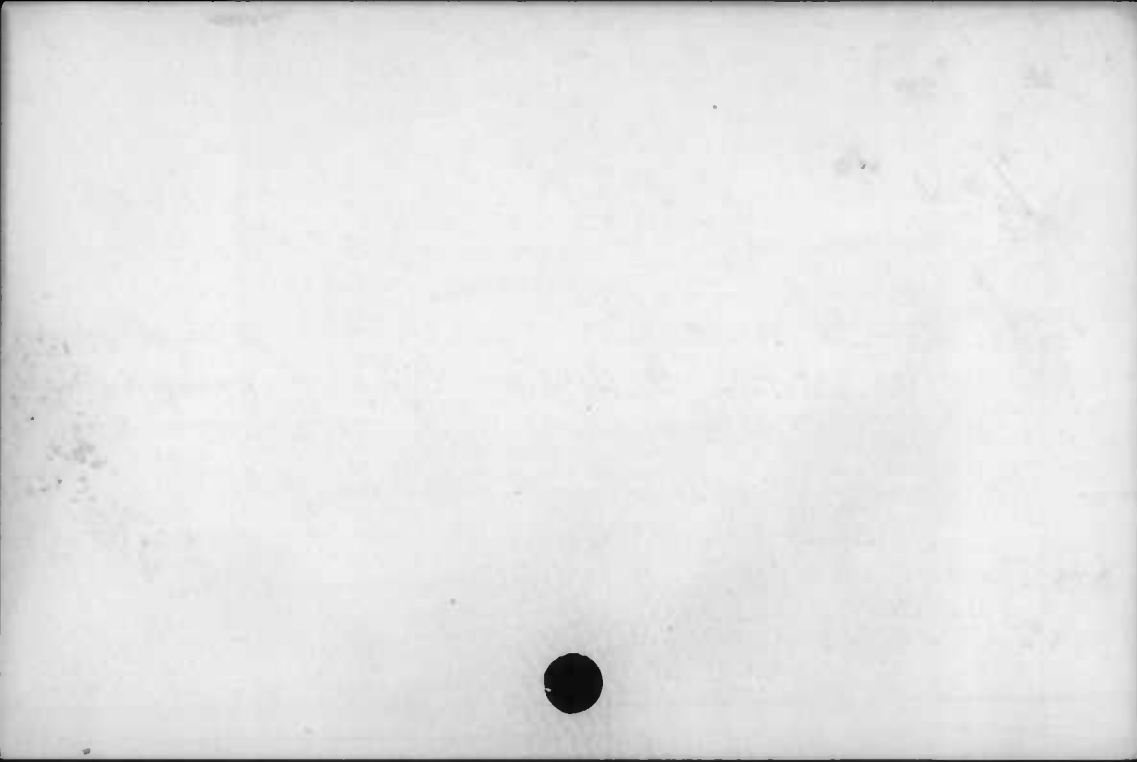
27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 or 3 years</i>
Immediate <i>Pulmonary Edema</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>134. Byrnes-</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide?	



Name in Full		Catherine L. Musson				CERTIFICATE OF DEATH	
Died at		Town Savage		County Howard		MARYLAND	
Date of death		1908	Month 12	Day 12	Age 60	Months	Days
Sex female		Color or Race white		Birth-place Md			
Occupation Housewife		Where Residing if not at place of death Savage					
Married, Single or Widowed married		Name of Wife or Husband Willton Musson					
Father's Name Joseph Jones		Father's Birthplace Md					
Mother's Maiden Name Rebecca Turner		Mother's Birthplace Md					
Name of person giving information Willton Musson		How related to deceased husband					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
Primary		Pulmonary Tuberculosis		How long 18 mos.			
Immediate		Gastritis		How long 37 weeks			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician William M. D.			
				Address Savage			
Accident or Suicide?		no					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

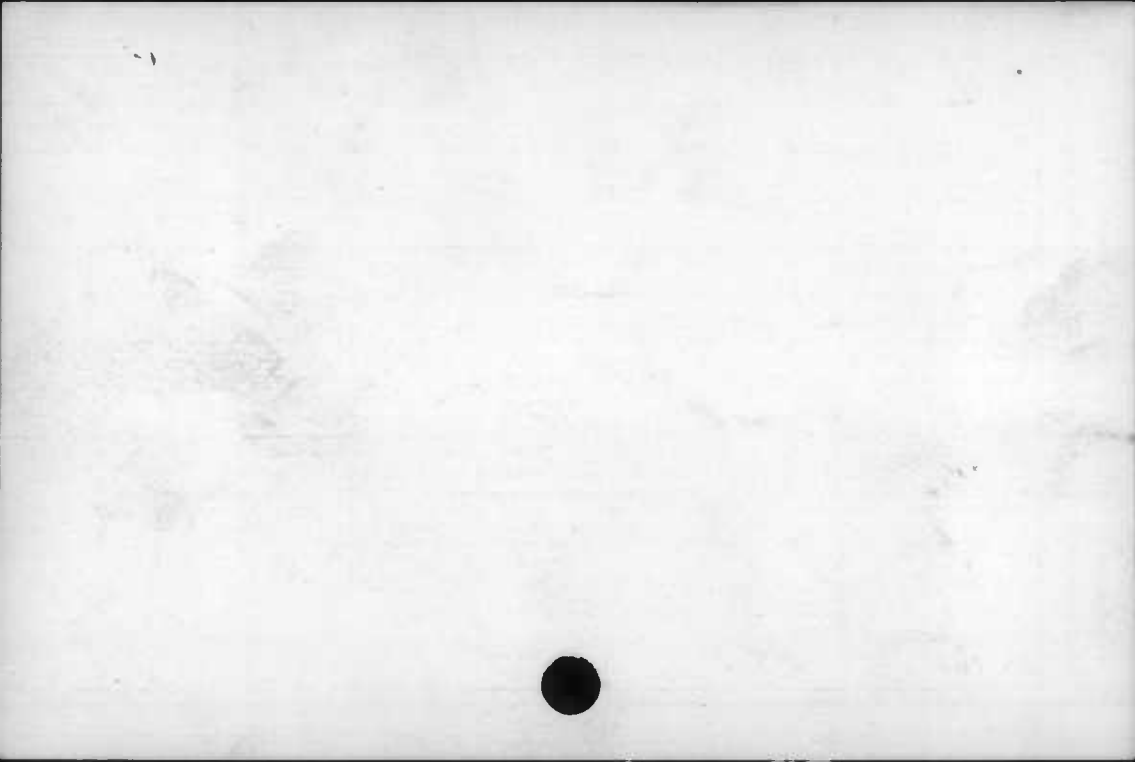
Died at <i>Glechester</i>		Town <i>Howard</i>		County <i>Moore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>no</i>	Years <i>no</i>	Months <i>no</i>	Days <i>36 Hours</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Glechester</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Wm H. Moore</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Mildred E Ogles</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Wm H Moore</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Imperfect heart action</i>	How long	<i>—</i>
Immediate	<i>Asthma</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. E. Stultz M.D.</i>		
	Address <i>[Redacted]</i>		
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Alberton</u> <small>Town</small>		<u>Howard</u> <small>County</small>		
		Date of death 190 <u>2</u>		Month <u>Dec</u>	Day <u>30</u>	Age <u>28</u> <small>Years</small>
		Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Md</u>	Months <u></u> Days <u></u>
		Married, Single or Widowed <u>Married</u>		Occupation <u>Mills Employee</u>		
		Name of Wife or Husband <u>Elsie Putnam Neal</u>				
		Father's Name <u>John W Neal</u>		Father's Birthplace <u>Md</u>		
		Mother's Maiden Name <u>Emma J Elsbroad</u>		Mother's Birthplace <u>Md</u>		
		Name of person giving information <u>Emma J. Elsbroad</u>		How related to deceased <u>Mother</u>		
		CAUSES OF DEATH		(93)		
PHYSICIAN OR CORONER		Primary <u>Acute Lobae Pneumonia and Pleurisy</u>		How long <u>10 days</u>		
		Immediate <u>Pulmonary Decubus, Cardiac and General Atheria</u>		How long <u>36 hrs</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank G. Mills MD</u>		
				Address <u>Ellicott City, Md</u>		
		Accident or Suicide? <u>No</u>				

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Name
in
Full

E. T. Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

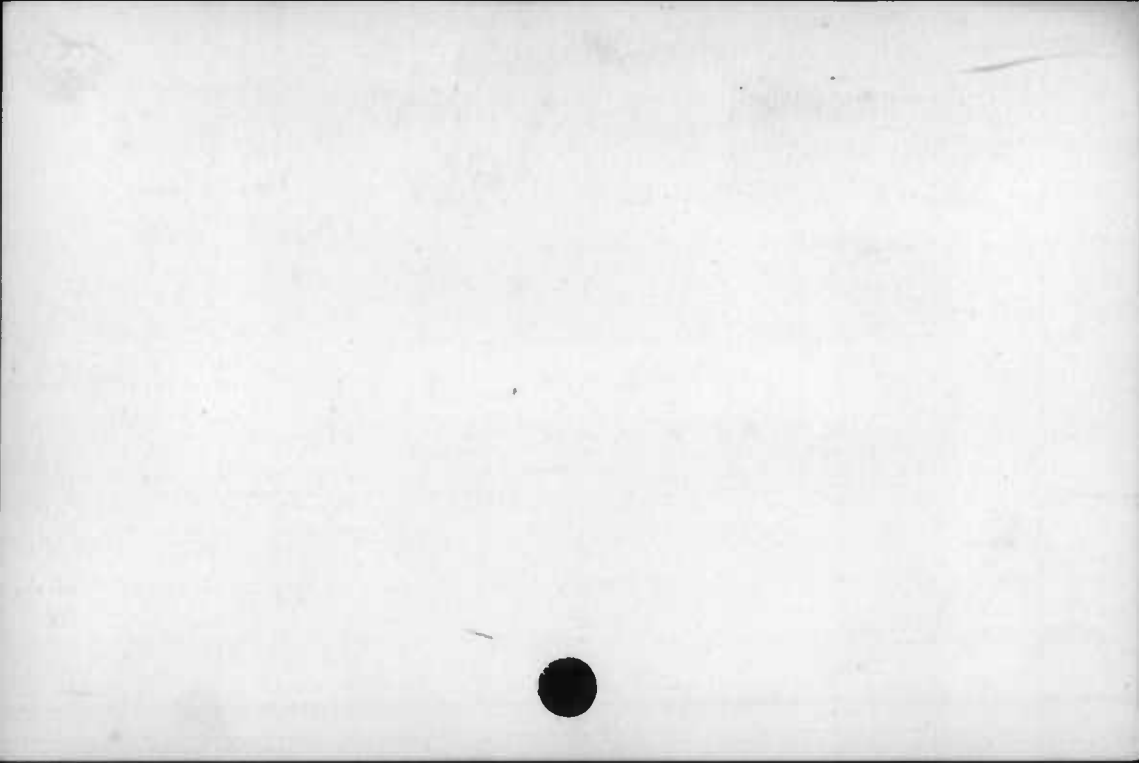
Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>not known</i>		
Occupation <i>factory hand</i>			Where Residing if not at place of death <i>Oella</i>		
Married, Single or Widowed <i>don't know</i>		Name of Wife or Husband <i>don't know</i>			
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>don't know</i>		
Name of person giving information <i>Daniel Carlton</i>			How related to deceased <i>not related</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Struck by Passenger train # 22</i>	How long <i>—</i>
Immediate <i>Killed instantly</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Bernard H. Wallenhorst J.P.</i>
<i>Accident</i>	Address <i>acting coroner Ellicott City Maryland.</i>
Accident <i>—</i>	



Name
in
Full

Eugene Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Dec	26	3.6		No	No
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Labor		Where Residing if not at place of death		Ellicott City		
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Roach			
Father's Name	Stephen J. Roach		Father's Birthplace	Ireland			
Mother's Maiden Name	E. Roach		Mother's Birthplace	Ireland			
Name of person giving information	Elizabeth Roach		How related to deceased	Wife			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Pulmonary Tuberculosis, oblique	How long	
Immediate	Aspiration	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. C. Smith
		Address	Ellicott City
Accident or Suicide?			

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Name
in
Full

Barbara Schloss

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

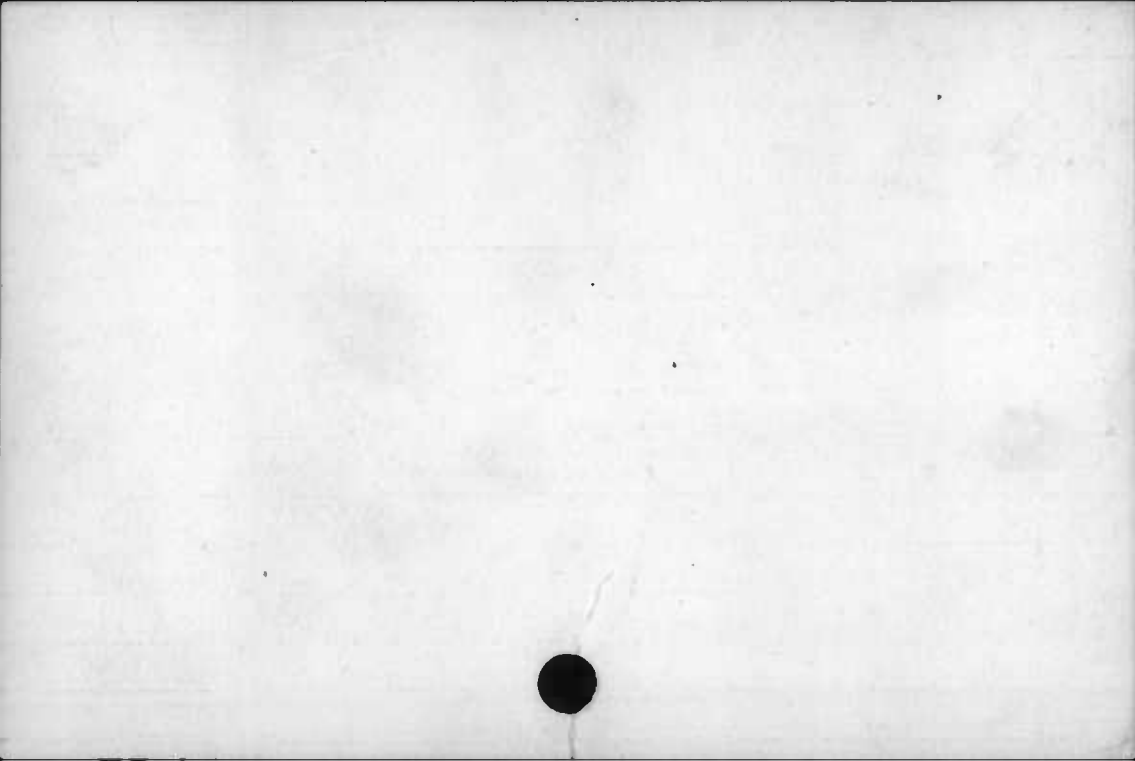
Died at <i>Ellicott City</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>20</i>	Age <i>45</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>clerk</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>no husband</i>					
Father's Name <i>Joseph H. Schloss</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>W. Rushmer White</i>			How related to deceased <i>not related</i>				

CAUSES OF DEATH

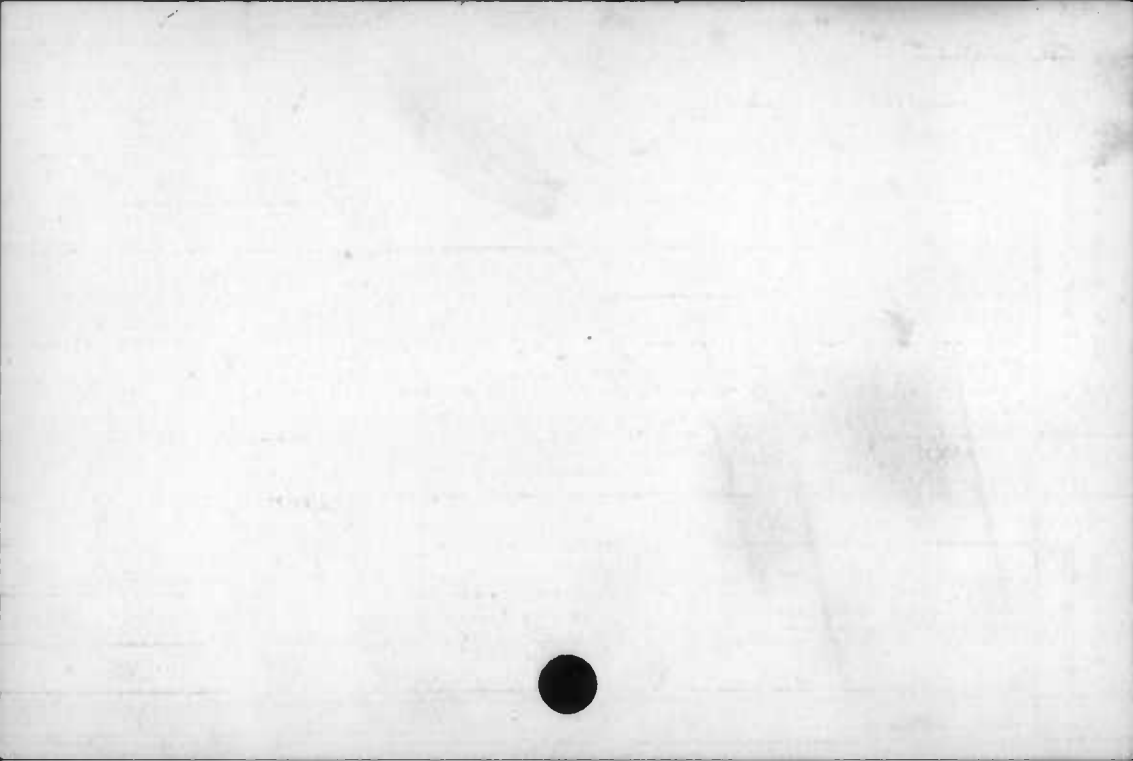
64

PHYSICIAN
OR CORONER

Primary <i>Dementia Praecox</i>	How long <i>several years</i>
Immediate <i>Cerebral Haemorrhage</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Rushmer White</i>
<i>H. S. Shrie M. D.</i>	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>Office</i>	



Name in Full Lucy A. Smith		Town near Alberton		County Howard		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month 1908 Dec	Day 21	Age (Col)	Years 9	Months 9	Days 9
Sex Female		Color or Race (Col)		Birth-place Ind			
Occupation none		Where Residing if not at place of death _____					
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name Robert Smith		Father's Birthplace Maryland					
Mother's Maiden Name Mary E. Jackson		Mother's Birthplace Maryland					
Name of person giving information Robert Smith		How related to deceased Father					
CAUSES OF DEATH							
Primary Gastro-Intestinal Indigestion		How long 3 months					
Immediate Asthenia		How long 3 months					
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician W. B. Gambrell		Address Ellicott City, Md.			
Accident or Suicide? _____							



Name
in
Full

Andrew W. Stansfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clarkston* TownCounty *Howard*Date of death *1908* Month *Dec*Day *23*Age *53* YearsMonths *11*Days *15*Sex *Male*Color or Race *white*Birth-place *Howard Co Md*Occupation *Farmer*Where Residing if not at place of death *at home*Married, Single or Widowed *Single*Name of Wife or Husband *Ladellia Marr*Father's Name *Thomas Stansfield*Father's Birthplace *Md*Mother's Maiden Name *Mary J. Vernon*Mother's Birthplace *Md*Name of person giving information *Berg L. Stansfield*How related to deceased *Brother*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer of the Stomach

How long

about 1 1/2 yrs

Immediate

Extreme prostration from inanition 2 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

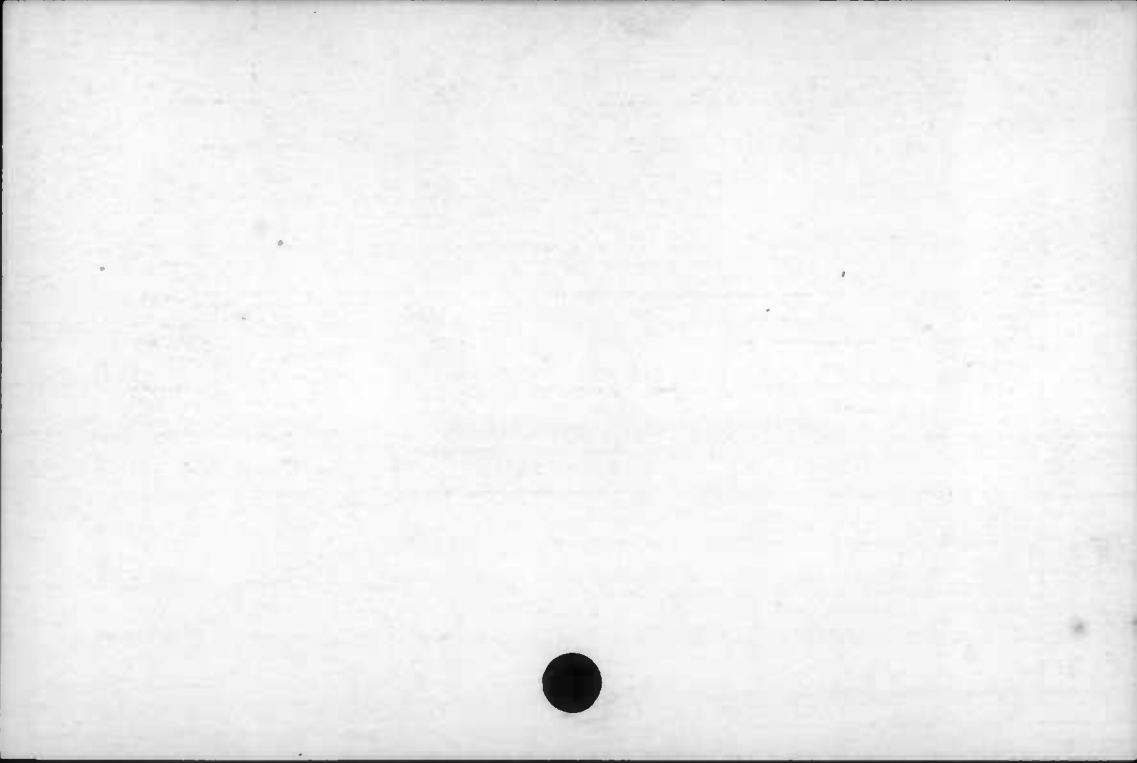
Berg. F. Shipley M.D.

Address

*alpha
Howard Co Md*

Accident or Suicide?

LIBRARY BUREAU 433016



Name in Full		James Steward Jr.						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Ellicott City			County Howard			MARYLAND	
	Date of death	1908	Month Dec	Day 6	Age	Years 1	Months 2	Days 20	
	Sex	Male			Color or Race	White			
	Occupation	none			Birth-place	Maryland			
					Where Residing if not at place of death				
	Married, Single or Widowed	Single			Name of Wife or Husband	none			
	Father's Name	James Steward				Father's Birthplace	Maryland		
	Mother's Maiden Name	Mary S. Horner				Mother's Birthplace	Maryland		
Name of person giving information	James Steward				How related to deceased	Father			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; float: right;">105</div>									
PHYSICIAN OR CORONER	Primary	Gastro-Enteritis				How long	2 Months		
	Immediate	Meningitis				How long	10 days (?)		
	Are the name, age, sex, color, date and place correctly given above?				Yes.				
					Signature of Physician	Wm B Gambrell,			
					Address	Ellicott City, Md.			
<div style="text-align: center;">Accident or Suicide?</div>									



Name
in
Full

Lawrence Werner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ilchester, College,* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death **1908** ^{Month} *December* ^{Day} *Thursday* ^{Years} *71* ^{Months} ^{Days}

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *Catholic Priest* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *Paul Huber* ~~How related to deceased~~

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* ^{How long} *8 Days*

Immediate *Heart Failure* ^{How long} *8 hours*

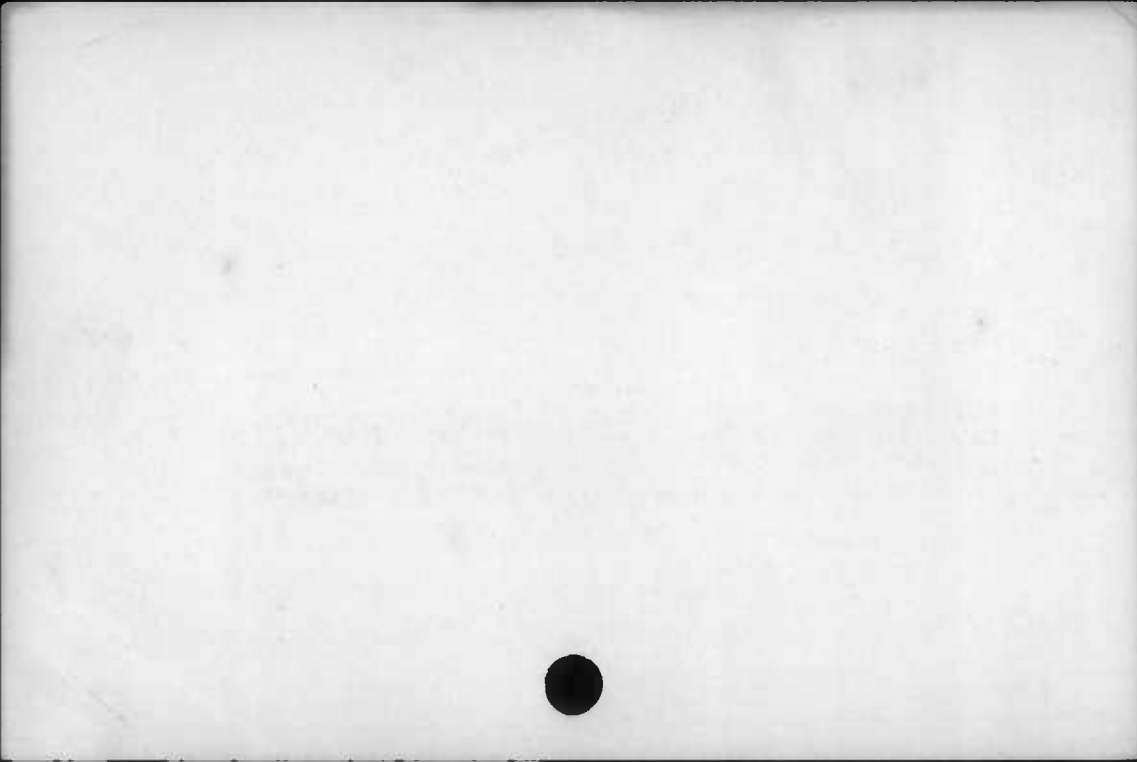
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos Boringh* Address *Ellicott City*

Accident or Suicide? *no*

#69

Name In Full		Town <i>Anna Halford</i>				County <i>Howard</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		<i>Savage</i>		<i>Howard</i>		MARYLAND		
	Date of death	1908	Month	12	Day	1	Age	Years	
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>	
	Occupation	<i>Infant</i>		Where Residing if not at place of death		<i>Savage</i>			
	Married, Single or Widowed	<i>single</i>		Name of Wife or Husband					
	Father's Name	<i>J. J. Halford</i>				Father's Birthplace	<i>Ind</i>		
	Mother's Maiden Name	<i>Anna L. Garne</i>				Mother's Birthplace	<i>Va</i>		
Name of person giving information	<i>J. J. Halford</i>				How related to deceased	<i>father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(176)</div>									
PHYSICIAN OR CORONER	Primary	<i>Asphyxia</i>				How long	<i>a few hours</i>		
	Immediate	<i>Asphyxia</i>				How long	<i>a few minutes</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>Whitman M.D.</i>		
					Address		<i>Savage Ind</i>		
	Accident or Suicide?		<i>no</i>						



Name
in
Full

Margaret V Williams

CERTIFICATE OF DEATH

Died at ^{Town} Carrolls Manor^{County} Howard

MARYLAND

Date of death 1908 Dec

Day 12

Age 69

Months 5

Days 0

Sex Female

Color or Race white

Birthplace Baltimore Md

Occupation none

Where Residing if not at place of death at home

Married, Single or Widowed

Name of ~~Wife~~ Husband James T. Williams

Father's Name Greenberry Carr

Father's Birthplace Howard Co

Mother's Maiden Name Eliza Wheeler

Mother's Birthplace not known

Name of person giving information James A. Williams

How related to deceased son

CAUSES OF DEATH

Primary Chronic nephritis

How long about 2 yrs

Immediate uremic Coma

How long about 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Ben F Shipley MD

Address

Alpha Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

